please DO NOT mark “10” (or “same”) **to *all questions every day* save that score for “extreme” days.**

Dr King “discomfort/pain” QUESTIONAIRE – fill out one page each day

NAME _____ date _____

Circle a number to indicate your position along the lines below.
RESPOND AS YOU WERE FEELING OVER *MOST OF TODAY.*

About your pain
– or other thoughts and feelings that stop you getting on with things

How much of the day do you feel **pain or bad feelings**

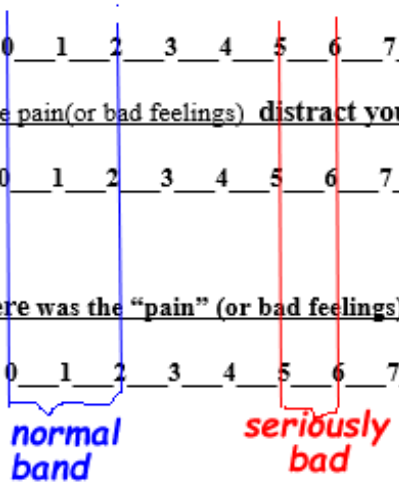
Not much (0 %) 0 1 2 3 4 5 6 7 8 9 10 **100% all the time**

How much does the pain(or bad feelings) **distract you and take over your life**

I can ignore it 0 1 2 3 4 5 6 7 8 9 10 **always fills my mind**

Overall, **how severe was the “pain” (or bad feelings)** today

Zero level 0 1 2 3 4 5 6 7 8 9 10 **worst possible level 10**



generally how did you “feel” today
lease don’t circle same number every scale every day

			mood
Sleepy	0 1 2 3 4 5 6 7 8 9 10	**Active**	*Energy*
Satisfied	0 1 2 3 4 5 6 7 8 9 10	**Discouraged**	*Depression*
Relaxed	0 1 2 3 4 5 6 7 8 9 10	**Tense/Anxious**	*Anxiety*
Efficient	0 1 2 3 4 5 6 7 8 9 10	**Confused**	*brain fog*
Agreeable	0 1 2 3 4 5 6 7 8 9 10	**Annoyed**	*Anger*

Normal band